

## 2010 MEDICARE PRESCRIPTION DRUG PLANS FOR INDIANA

COMPANY INFORMATION	PLAN NAME	MONTHLY PREMIUM	YEARLY DEDUCTIBLE	GAP COVERAGE?	CONTRACT # PLAN ID #
<b>AETNA MEDICARE* 800-445-1796</b>	AETNA MEDICARE RX ESSENTIALS	\$32.40	\$310	NO GAP COVERAGE	S5810 -049
	AETNA MEDICARE RX PLUS	\$32.80	\$0	NO GAP COVERAGE	S5810-219
	AETNA MEDICARE RX PREMIER	\$85.90	\$0	MANY GENERICS	S5810-185
<b>ANTHEM BLUE CROSS AND BLUE SHIELD* 866-803-5153</b>	BLUE MEDICARE RX STANDARD	\$35.20	\$310	NO GAP COVERAGE	S5596-017
	BLUE MEDICARE RX PLUS	\$50.00	\$0	NO GAP COVERAGE	S5596-018
	BLUE MEDICARE RX PREMIER	\$93.10	\$0	MANY GENERICS	S5596-019
<b>BRAVO HEALTH INSURANCE COMPANY 800-7239209</b>	BRAVO RX	\$37.10	\$310	NO GAP COVERAGE	S5998-021
<b>CIGNA MEDICARE RX* 800-735-1459</b>	CIGNA MEDICARE RX PLAN 1	\$30.50	\$310	NO GAP COVERAGE	S5617-222
	CIGNA MEDICARE RX PLAN 2	\$36.80	\$100	NO GAP COVERAGE	S5617-075
	CIGNA MEDICARE RX PLAN 3	\$59.90	\$0	MANY GENERICS, FEW BRAND	S5617-185
<b>COVENTRY ADVANTRA RX 800-882-3822</b>	ADVANTRA RX VALUE	\$34.90	\$100	NO GAP COVERAGE	S5674-026
	ADVANTRA RX PREMIER	\$49.20	\$0	NO GAP COVERAGE	S5674-027
	ADVANTRA RX PREMIER PLUS	\$63.90	\$0	MANY GENERICS	S5674-029
<b>ENVISION RX PLUS 866-250-2005</b>	ENVISION RX PLUS SILVER	\$36.60	\$310	NO GAP COVERAGE	S7694-015
	ENVISION RX PLUS GOLD	\$64.10	\$150	NO GAP COVERAGE	S7694-049
<b>FIRST HEALTH PART D* 800-588-3322</b>	FIRST HEALTH PART D PREMIER	\$34.10	\$150	NO GAP COVERAGE	S5768-018
	FIRST HEALTH PART D	\$23.10	\$175	NO GAP	S5768-097

	SECURE			COVERAGE	
<b>HEALTH NET 800-606-3604</b>	HEALTH NET ORANGE OPTION 1	\$38.10	\$310	NO GAP COVERAGE	S5678-036
	HEALTH NET ORANGE OPTION 2	\$70.20	\$0	NO GAP COVERAGE	S5678-035
<b>HEALTH SPRING PRESCRIPTION* 800-331-6293</b>	HEALTH SPRING PRESCRIPTION DRUG PLAN REG15	\$34.70	\$310	NO GAP COVERAGE	S5932-014
<b>HUMANA INSURANCE COMPANY 800-706-0872</b>	HUMANA STANDARD	\$45.80	\$310	NO GAP COVERAGE	S5884-073
	HUMANA ENHANCED	\$51.60	\$0	NO GAP COVERAGE	S5884-013
	HUMANA COMPLETE	\$100.70	\$0	MANY GENERICS	S5884-043
<b>MEDCO MEDICARE PRESCRIPTION PLAN* 800-758-3605</b>	MEDCO MEDICARE PRESCRIPTION - VALUE	\$35.30	\$310	NO GAP COVERAGE	S5660-117
	MEDCO MEDICARE PRESCRIPTION - CHOICE	\$40.70	\$100	NO GAP COVERAGE	S5660-015
	MEDCO MEDICARE PRESCRIPTION - ACCESS	\$80.00	\$0	MANY GENERICS	S5660-185
<b>RX AMERICA 877-279-0370</b>	ADVANTAGE FREEDOM	\$49.20	\$0	NO GAP COVERAGE	S5644-176
	ADVANTAGE STAR	\$38.00	\$310	NO GAP COVERAGE	S5644-190
<b>SILVERSCRIPT INSURANCE COMPANY 866-552-6106</b>	SILVERSCRIPT VALUE	\$37.90	\$310	NO GAP COVERAGE	S5601-030
	CVS CAREMARK PLUS	\$51.10	\$50	NO GAP COVERAGE	S5601-031
	CVS CAREMARK COMPLETE	\$66.50	\$0	MANY GENERICS	S5601-086
<b>STERLING LIFE INSURANCE COMPANY 888-909-1713</b>	STERLING RX	\$51.40	\$310	NO GAP COVERAGE	S4802-009
<b>UNITED AMERICAN INSURANCE COMPANY 866-524-4169</b>	UA MEDICARE PART D RX COVG – SILVER PLAN	\$41.00	\$100	NO GAP COVERAGE	S5755-053
	UA MEDICARE PART D PRESCRIPTION DRUG COV	\$52.50	\$0	NO GAP COVERAGE	S5755-018

<b>UNITED HEALTH CARE*</b> <b>888-867-5561</b>	AARP MEDICARE RX SAVER	\$32.80	\$310	NO GAP COVERAGE	S5921-061
	AARP MEDICARE RX PREFERRED	\$44.50	\$0	NO GAP COVERAGE	S5820-014
	AARP MEDICARE RX ENHANCED	\$76.30	\$0	MANY GENERICS	S5921-063
<b>UNIVERSAL AMERICAN*</b> <b>866-684-5353</b>	COMMUNIITY CCRX BASIC	\$28.60	\$310	NO GAP COVERAGE	S5803-084
	COMMUNITY CCRX CHOICE	\$35.30	\$150	NO GAP COVERAGE	S5803-152
	COMMUNITY CCRX GOLD	\$74.90	\$0	ALL GENERICS	S5803-232
	PRESCRIBA RX BRONZ	\$26.40	\$310	NO GAP COVERAGE	S5597-249
	PRESCRIBA RX GOLD	\$36.60	\$150	NO GAP COVERAGE	S5597-047

- Indicates company offers national plans

FOR AN INDIVIDUALIZED DRUG PLAN COMPARISON, GO TO [www.medicare.gov](http://www.medicare.gov)

*Revised 10/08/09*



